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## BIB DATA SHEET

CONFIRMATION NO. 5339

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/644,027	08/19/2003	435	1648	015280-257300US
<b>RULE</b>				
<b>APPLICANTS</b> George N. Pavlakis, Rockville, MD;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/872,733 06/01/2001 PAT 6,656,706 which is a CIP of PCT/US00/34985 12/22/2000 which claims benefit of 60/173,036 12/23/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/09/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JEFFREY S PARKIN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 45	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 UNITED STATES				
<b>TITLE</b> SIMIAN IMMUNODEFICIENCY VIRUS (SIV) MOLECULAR CLONE ENCODING MUTANT GAG GENE LACKING INHIBITORY/INSTABILITY REGIONS.				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	